

**STATE OF GEORGIA
DEPARTMENT OF REVENUE**

INSTRUCTIONS FOR THE COMPLETION OF THE MOTOR CARRIER APPLICATION (CRF-IFTA)

All vehicles that operate in two or more states and meet the following criteria. Vehicles are used, designed or maintained for transportation of persons or property and having two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11, 197 kilograms; or having three or more axles regardless of kilograms gross vehicles. Or registered gross vehicle weight must be licensed and have identification markers before operation in Georgia. For exceptions please refer to GA. Code 48-9-30.

TYPE OR PRINT IN INK – DO NOT USE PENCIL

A: INSTRUCTIONS FOR COMPLETING

Line 1 – Enter your Georgia State Taxpayer Identifier. (If you do not yet have one, leave blank.)

Line 2 – **Enter your Federal Employer Identification Number or Social Security Number of your Application will be returned.**

Line 3 – Enter the name under which your business is legally registered with the Secretary of State. If your business is not registered, and then enters the name under which your business owns property or acquires debt. If the business is a partnership, the legal name is the partnership name. In a sole proprietorship, the legal name is the name of the individual owner of the business.

Line 4 - Enter the doing business as name.

Line 5 – Enter the address to which your IFTA correspondence should be sent.

Line 6 – **Enter the physical location of the business. This cannot be a mailbox. Failure to provide this information will cause the Application to be returned.**

Line 7 – Circle type company.

Line 8 – Enter your USDOT Number. You can obtain a number online at: www.saferysys.org or you can contact The Federal Motor Carrier Safety Administration at: (800) 832-5660.

Line 9 – You must have a Georgia International Registration Plan account number and enter it. If you are a bus company, enter N/A. If you need one an account number, you may contact the IRP office at 404-675-6135. The IRP office is located at 1200 Tradeport Blvd., Hapeville, Ga. 30354.

Line 10 – Circle whether you have been previously IFTA registered in another state. If yes, list the state. If more than one state, list the last state.

Line 11 – **Enter the phone at which you or your representative can be contacted. Failure to provide this information will cause the Application to be returned. Make sure you include your area code.**

Line 12 – Enter the year to which the licensee and decal(s) apply on this request.

Line 13 – Enter the number of diesel powered vehicles you are registering.

Line 14 – Enter the number of gasoline powered vehicles you are registering.

Line 15 – Enter the number of LP powered vehicles you are registering.

Line 16 – Enter the number of any other type of vehicles you are registering. Specify the fuel type in the space provided.

Line 17 – Enter the total number of motor carrier decal sets for which you are applying and the total cost of the sets.

Line 18 – List the dollar amount of the citation payments included with the application.

Line 19 – **OPERATING JURISDICTIONS:** In column A, place an "X" in each State or Canadian Province in which you will operate motor vehicle. In column B, mark each State or Canadian Province in which you maintain bulk fuel storage facilities. In column C, mark each State or Canadian Province in which you maintain IRP fleet facilities.

OWNERSHIP/RELATIONSHIP SECTION

Lines 20 & 21

The Department of Revenue requires the following information on all related individuals or Businesses to determine the ownership of the applying business. This section **MUST** be completed for your application to be accepted. Complete one Section for each related business or individual, check all relationships that apply, and enter the effective date of that relationship. For all applications, provide information for the following:

- Owner** –if the owner of the business, complete items C, D, and E.
- Partner** – if the business is a partnership, complete a separate RELATIONSHIP Section (C, D, and E) for each partner.
- Officer** – If the business is a corporation, complete a separate RELATIONSHIP Section (C, D, and E) for each corporate officer.
- Parent Company** –If the business is a subsidiary, branch, or division of another business, Complete a RELATIONSHIP Section (A, B, and E) for the parent company.
- Shareholder** – If the business is a Subchapter S Corporation, complete a separate RELATIONSHIP (C, D, and E) for each shareholder.

For All Relationships

Georgia IFTA Effective Date – Enter the date you first plan to do business as an interstate carrier using The Georgia IFTA decal.

Line A – If the relationship checked is a business entity, enter the name of that business entity and the State Taxpayer identifier (STI) Number or license number (if known).

Line B – If this business is registered for Georgia Sales Tax and/or Withholding Tax, enter its Sales Tax and/or Withholding Tax numbers (if known).

Line C – If the relationship checked is individual, enter the individual's full name, title, and Social Security Number (Social Insurance Number if Canadian). **Social Security Number is required by Revenue Regulation 560-1-1.18.**

Line D – Enter the individual or business address here.

B: INSTRUCTIONS FOR SIGNING:

The declaration Statement must be signed by the owner, a partner or an authorized officer of the corporation Before the registration can be accepted.

C: INSTRUCTIONS FOR PAYMENT:

Send a check or money order payable to the GEORGIA REVENUE COLLECTION ACCOUNT for the total amount. Georgia law stipulates that taxes and fees be paid in lawful money of the U.S. and be free of any expense to Georgia.

D: IMPORTANT NOTICE – Your motor carrier license will not be issued, if there are any Outstanding liabilities against your account, or if you do not return The registration form with a proper signature on the Declaration Statement.

E: INSTRUCTIONS FOR MAILING AND REQUESTING INFORMATION:

The taxpayer should retain a copy of this application for his files and for inspection by the Revenue Commissioner or his agents. Mail the original to the address shown below. Call 404/ 675-6135 or E-Mail if you have any questions or need assistance in completing the application.

E-Mail: TSD-IFTA-lic@dor.ga.gov

P. O Box 161029
ATLANTA, GA 30321-1029

THE PROCESSING OF THIS APPLICATION WILL BE DELAYED UNLESS IT IS PROPERLY SIGNED, COMPLETED INFORMATION IS FURNISHED AND APPLICABLE QUESTIONS ARE ANSWERED.